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Certified Copies	Certificates	of Status
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Office Use Only



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COVER LETTER

U	Name of Lin	med Liability Company	
The enclosed Articles of Or	ganization and fee(s) are	e submitted for filing.	
Please return all correspond	lence concerning this ma	High SMIHL Natoe of Person	1
<u> </u>	ighsmith	Internati Firm/Company	onal
1801	N. Flagle	Address #5	02
West	Palm Bea	ach FL 33	3407
High	ismith 5	ity/State and Zip Code Grant Code for future annual report notification	γ)
For further information conc			
ssica High	Smith at (rea Code Daytime Telephone	2762 Number
Enclosed is a check for the	following amount:		
	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy

Mailing Address

TO:

Registration Section
Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

Highsmith International LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1801 N. Flagier Dr. #502	1801 N. Flagler D. #502
West Palm Beach &	- TWEST Palm Beach ML
33407	<u></u>
ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agen	
another business entity with an active Florida registration.)	

The name and the Florida street address of the registered agent are:

Name
1801 N. Flagler Dr. #502
Florida street address (P.O. Box NOT acceptable)

West Palm Beach FL 33407

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRE

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Member	Name and Address:	
(Use attachment if neces	ssary)		
LE V: Effective date, if of	ther than the date of filing	g:(OPTIONAL)	
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Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)